

# Minnesota BI, CAC, CADI and DD Waiver Amendments

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## Table of Contents

18. Crisis Respite Services .....	3
• Expands service to the <del>BI and</del> CAC Waiver .....	3
NOTE: This service was added to the BI renewal application, which was submitted to the Centers for Medicare & Medicaid Services on 12/31/15 .....	3
• (2/8/16) Revises the language in BI to be consistent with CAC, CADI and DD .....	3
• (8/21/15) <del>Allows the case manager to approve out of home crisis respite in unlicensed settings that are not private residences</del> .....	3
• (2/8/16) Allows the service to be provided in a licensed hotel or motel .....	3
• Increases the number of days services can be authorized from 21 to 180 .....	3
19. Restraints / Seclusions .....	6
• Adds language to ensure waivers do not cover items that restrain or restrict a person's rights unless <del>in compliance with MN Statute, Chapter 245D</del> certain requirements are met .....	6
22. Respite .....	6
• Clarifies when room and board costs can be covered .....	6
• Updates 30-day consecutive stay limit to only apply to overnight out-of-home respite .....	6
• (2/8/16) Adds Community Residential Setting (CRS), the new term used for adult corporate foster care licensed sites, as a location where respite can be provided .....	6
23. Background Studies .....	8
• Updates list of services that require a background study .....	8
• (2/8/16) Removes services not being added as part of this package of amendments .....	8
• (2/8/16) Updates the name from "Home and Community Support Services" to "Individualized Home Supports" .....	8
25. Out-of-State Travel .....	11
• Defines direct care staff services for the purposes of temporary out-of-state travel .....	11
• (2/8/16) Adds extended home care nursing, supported living services, and CDCS worker that provides ADL assistance .....	11
26. Qualifications / MDH Licensure .....	12
• Replaces "Class A, B, or F license" with "Basic or Comprehensive home care license" where applicable .....	12
• Removes 144A licensure from provider qualifications from certain services .....	12
• (2/8/16) Corrects reference to MN Statute §144A.49 to reflect 144A.484 .....	12
28. Monitoring Technology .....	14
• Adds language requiring an informed consent process when monitoring technology is being authorized .....	14
• Adds language indicating Department approval is not needed when parents are monitoring minor children using cameras in bedrooms for health and safety reasons .....	14
• (2/8/16) Adds language clarifying an informed consent is not needed when door and window alarms are used in certain situations .....	14
32. Home and Community Support Services Individualized Home Supports .....	16
• Adds a new service to BI, CAC and CADI to provide flexible supports and training to assist participants to live in their own home .....	16
• (2/8/16) Updates the name from "Home and Community Support Services" to "Individualized Home Supports" .....	16

• (2/8/16) Updates the definition of “own home” .....	16
• (2/8/16) Adds “coordination” for community living activities under the service description .....	16
NOTE: This service will not be added to the DD waiver. At this time, IHS service is duplicative of Supported Living Services (SLS) for adults living in their own home on the DD waiver. Language permitting “remote support” is being added to the DD waiver for SLS for adults living in their own home.....	
33. Caregiver Living Expenses .....	19
• (2/8/16) Updates “Home and Community Supports” language to reflect “Individualized Home Supports” .....	19
• Adds the new [DELETE]Home and Community [END DELETE] Individualized Home Supports service as an eligible service people can be receiving in order to be reimbursed for Caregiver Living Expenses.....	19
35. Night Supervision .....	19
• Expands service to the CAC and DD Waivers .....	19
• Revises the language in BI and CADI to be consistent with CAC and DD .....	19
• (2/8/16) Adds a definition for “own home” .....	19
• (2/8/16) Revises allowable supports to increase flexibility of the service .....	19
36. Personal Support Service .....	24
• Expands service to the BI, CAC, and CADI Waivers .....	24
• Revises the language in DD to be consistent with BI, CAC, and CADI .....	24
• (2/8/16) Clarifies support can happen in person’s own home and can meet community inclusion goals .....	24
• (2/8/16) Adds a definition for “own home” .....	24
• (2/8/16) Clarifies ADL assistance is covered under this service .....	24
39. Residential Care Services .....	27
• Establishes the date of [DELETE]12/31/2017 [END DELETE]6/30/2018 when Residential Care Services will be discontinued .....	27
• Establishes the date of [DELETE]1/1/2016 [END DELETE]7/1/2017 when no new participants can receive residential care services .....	27
• Advises that the department will work with lead agencies during the transition process to determine alternative waiver support services.....	27
• Includes language allowing for a rate adjustment during the transition (upon approval by the commissioner) .....	27
• (2/8/16) Revises dates as shown above.....	27
• (2/8/16) Includes language allowing an exception process for people in institutional settings or short term crisis or stabilization programs who were previously receiving residential care services .....	27
• (2/8/16) Moves rate adjustment language to the service description .....	27
41. Day Training and Habilitation (DT&H) Services .....	28
• (2/8/16) Removes language unnecessary to this service because it is about DD waiver eligibility and is already covered in the eligibility section .....	28
42. Customized Living and 24-hour Customized Living .....	29
• (2/8/16) Clarifies that people are not required to enter an institution in order to qualify for the exception .....	29
43. Supported Living Services (SLS) .....	30
• (2/8/16) Adds remote support service to SLS for adults in their own home.....	30

## 18. Crisis Respite Services

- Expands service to the [DELETE]BI and[END DELETE] CAC Waiver
- NOTE: This service was added to the BI renewal application, which was submitted to the Centers for Medicare & Medicaid Services on 12/31/15
- [ADD](2/8/16) Revises the language in BI to be consistent with CAC, CADI and DD[END ADD]
- (8/21/15) [DELETE]Allows the case manager to approve out-of-home crisis respite in unlicensed settings that are not private residences[END DELETE]
- [ADD] (2/8/16) Allows the service to be provided in a licensed hotel or motel[END ADD]
- Increases the number of days services can be authorized from 21 to 180

## DD and CADI Waivers

### Appendix C-1/C-3: Participant Services – Service Specification

#### Service Definition (*Scope*):

Crisis-respite services are specialized services that provide short-term care and intervention to an individual due to the need for relief and support of the caregiver and protection of the participant or others living with the participant and due to the need for behavioral or medical intervention. Crisis-respite services will include the following participant specific activities:

1. Assessment to determine the precipitating factors contributing to the crisis.
2. Development of a provider intervention plan in coordination with the support planning team.
3. Consultation and staff training to the provider(s) and/or caregiver(s) as necessary to assure successful implementation of the participant specific intervention plan.
4. Development and implementation of a transition plan to aid the participant in returning home if out-of-home crisis-respite was provided.
5. On-going technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the participant.
6. Recommendations for revisions to the 24-hour plan of care (community support plan) to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the participant in the community.

Crisis-respite services provide specific intervention strategies directed to enable the participant to remain in the community. These services are a necessary service component of the 24-hour plan of care that is developed and monitored by the case manager and, as such, do not duplicate those services provided through case management.

Crisis-respite services can either be provided to the participant living in his or her home or, when necessary for the relief of the caregiver and the protection of the participant or others living in the home, in a licensed foster care home developed for the purpose of providing short-term crisis intervention [ADD]or in a licensed motel or hotel[END ADD]. Payment for out-of-home crisis-respite will include payment for room and board costs when the service is provided in a licensed foster care facility developed for the provision of crisis-respite that is not a private residence [ADD]or in a licensed motel or hotel.[END ADD]

The following criteria must be met for a participant to receive crisis-respite services:

1. The caregiver and service providers are not capable of providing the necessary intervention and protection of the participant or others living with the participant.

2. The crisis-respite service(s) will enable the participant to avoid institutional placement.
3. The use of out-of-home crisis-respite will not exceed [DELETE]24[END DELETE][ADD]180[END ADD] days except when authorized as part of a plan approved by the lead agency. To exceed the [DELETE] [END DELETE][ADD]24-180 [END ADD] day limit, the lead agency must assure and document that the: service is necessary; extension will not result in the participant's inability to return home or to an alternative home in the community; and continued use of the service is a cost-effective alternative to institutionalization.
4. The individual has been screened and authorized as eligible to receive home and community-based services.

Unlike other waiver services, the crisis-respite service must be immediately available to an individual as an alternative to institutional placement. Because of this, the determination of eligibility and modifications to the community support plan must occur within five working days of receiving crisis-respite services. However, no Medicaid payment will be made if the screening process determines that the individual is not eligible for home and community-based services. The screening process is the same and uses the same instrument as used for all evaluations of eligibility for ICF/DD[ADD], nursing facility, hospital level of care[END ADD] or home and community-based services.

## BI Waiver

### Appendix C-1/C-3: Participant Services – Service Specification

#### Service Definition (*Scope*):

Crisis-respite services are specialized services that provide short-term care and intervention to an individual due to the need for relief and support of the caregiver and protection of the participant or others living with the participant and due to the need for behavioral or medical intervention. Crisis-respite services will include the following participant specific activities:

1. Assessment to determine the precipitating factors contributing to the crisis.
2. Development of a provider intervention plan in coordination with the support planning team.
3. Consultation and staff training to the provider(s) and/or caregiver(s) as necessary to assure successful implementation of the participant specific intervention plan.
4. Development and implementation of a transition plan to aid the participant in returning home if out-of-home crisis-respite was provided.
5. On-going technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the participant.
6. Recommendations for revisions to the 24-hour plan of care (community support plan) to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the participant in the community.

Crisis-respite services provide specific intervention strategies directed to enable the participant to remain in the community. These services are a necessary service component of the 24-hour plan of care that is developed and monitored by the case manager and, as such, do not duplicate those services provided through case management.

Crisis-respite services can either be provided to the participant living in his or her home or, when necessary for the relief of the caregiver and the protection of the participant or others living in the home, in a licensed foster care home or licensed community residential setting developed for the purpose of providing short-term crisis intervention [ADD]or in a licensed motel or hotel. [END ADD] Payment for out-of-home crisis-respite will include payment for room and board costs when the service is provided in a licensed foster care facility or licensed community residential setting developed for the provision of crisis-respite that is not a private residence [ADD]or in a licensed motel or hotel. [END ADD]

The following criteria must be met for a participant to receive crisis-respite services:

1. The caregiver and service providers are not capable of providing the necessary intervention and protection of the participant or others living with the participant.
2. The crisis-respite service(s) will enable the participant to avoid institutional placement.
3. The use of out-of-home crisis-respite will not exceed ~~24~~ 180 days except when authorized as part of a plan approved by the lead agency. To exceed the ~~24~~ 180 day limit, the lead agency must assure and document that the: service is necessary; extension will not result in the participant's inability to return home or to an alternative home in the community; and continued use of the service is a cost-effective alternative to institutionalization.
4. The individual has been screened and authorized as eligible to receive home and community-based services.

Unlike other waiver services, the crisis-respite service must be immediately available to an individual as an alternative to institutional placement. Because of this, the determination of eligibility and modifications to the community support plan must occur within five working days of receiving crisis-respite services. However, no Medicaid payment will be made if the screening process determines that the individual is not eligible for home and community-based services. The screening process is the same and uses the same instrument as used for all evaluations of eligibility for ICF/DD, hospital level of care or home and community-based services.

## CAC Waiver

### Appendix C-1/C-3: Participant Services – Service Specification

#### Service Definition (*Scope*):

[ADD]Crisis-respite services are specialized services that provide short-term care and intervention to an individual due to the need for relief and support of the caregiver and protection of the participant or others living with the participant and due to the need for behavioral or medical intervention. Crisis-respite services will include the following participant specific activities:

1. Assessment to determine the precipitating factors contributing to the crisis.
2. Development of a provider intervention plan in coordination with the support planning team.
3. Consultation and staff training to the provider(s) and/or caregiver(s) as necessary to assure successful implementation of the participant specific intervention plan.
4. Development and implementation of a transition plan to aid the participant in returning home if out-of-home crisis-respite was provided.
5. On-going technical assistance to the caregiver or provider in the implementation of the intervention plan developed for the participant.
6. Recommendations for revisions to the 24-hour plan of care (community support plan) to prevent or minimize future crisis situations in order to increase the likelihood of maintaining the participant in the community.

Crisis-respite services provide specific intervention strategies directed to enable the participant to remain in the community. These services are a necessary service component of the 24-hour plan of care that is developed and monitored by the case manager and, as such, do not duplicate those services provided through case management.

Crisis-respite services can either be provided to the participant living in his or her home or, when necessary for the relief of the caregiver and the protection of the participant or others living in the home, in a licensed foster care home developed for the purpose of providing short-term crisis intervention or in a licensed motel or hotel. Payment for out-of-home crisis-respite will include payment for room and board

costs when the service is provided in a licensed foster care facility developed for the provision of crisis-respite that is not a private residence or in a licensed motel or hotel.

The following criteria must be met for a participant to receive crisis-respite services:

1. The caregiver and service providers are not capable of providing the necessary intervention and protection of the participant or others living with the participant.
2. The crisis-respite service(s) will enable the participant to avoid institutional placement.
3. The use of out-of-home crisis-respite will not exceed 180 days except when authorized as part of a plan approved by the lead agency. To exceed the 180 day limit, the lead agency must assure and document that the: service is necessary; extension will not result in the participant's inability to return home or to an alternative home in the community; and continued use of the service is a cost-effective alternative to institutionalization.
4. The individual has been screened and authorized as eligible to receive home and community-based services.

Unlike other waiver services, the crisis-respite service must be immediately available to an individual as an alternative to institutional placement. Because of this, the determination of eligibility and modifications to the community support plan must occur within five working days of receiving crisis-respite services. However, no Medicaid payment will be made if the screening process determines that the individual is not eligible for home and community-based services. The screening process is the same and uses the same instrument as used for all evaluations of eligibility for ICF/DD, nursing facility, hospital level of care or home and community-based services. [END ADD]

## 19. Restraints / Seclusions

- Adds language to ensure waivers do not cover items that restrain or restrict a person's rights unless ~~[DELETE]in compliance with MN Statute, Chapter 245D-[END DELETE]~~[ADD]certain requirements are met[END ADD]

## BI, CAC, and CADI Waivers

### Appendix C-1/C-3: Participant Services – Service Specification

#### Service Title:

Specialized Supplies and Equipment

#### Service Definition (Scope):

[ADD]Items are not covered if it restricts a participant's rights or restrains a participant and:

- a. the items are not adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition; or
- b. the items violate the provisions of Minnesota Rules, Chapter 9544. [END ADD]

## 22. Respite

- Clarifies when room and board costs can be covered
- Updates 30-day consecutive stay limit to only apply to overnight out-of-home respite
- [ADD] (2/8/16) Adds Community Residential Setting (CRS), the new term used for adult corporate foster care licensed sites, as a location where respite can be provided[END ADD]

## BI, CAC and CADI Waivers

### Appendix C-1/C-3: Participant Services – Service Specification

#### **Service Definition (Scope):**

Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as the owner or lessee of the primary residence.

Respite may be provided in the participant's home or place of residence, or one of the following out of the home settings:

- Foster care home [ADD]or Community Residential Setting (CRS) [END ADD]
- Medicaid certified hospital
- Medicaid certified nursing facility
- Unlicensed settings where agency and individual providers must be licensed under [ADD]Minnesota Statutes, Chapter [END ADD]245D

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in [DELETE]a facility-[END DELETE][ADD]one of the licensed out-of-home settings listed above. [END ADD]

#### **Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Respite care is not available to participants living in settings where Customized Living, 24-Hour Customized Living, Residential Care, or shift staff foster care are provided, with the exception of community emergencies or disasters.

Respite care provided in homes licensed to provide foster care is limited to serving a maximum of four people, including the participants who are receiving respite care.

Respite care is limited to 30 consecutive days, per respite stay[ADD], when provided 24-hours a day in a location that is not the participant's own home. In this instance, home means a setting that the participant, or their family, owns or leases. [END ADD] [DELETE]in accordance with the community support plan. [END DELETE]

## DD Waiver

### Appendix C-1/C-3: Participant Services – Service Specification

#### **Service Definition (Scope):**

Respite care services are short-term services provided to a participant due to the absence or need for relief of the family member(s) or primary caregiver, normally providing the care. In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as an owner or lessee of the primary residence.



Respite may be provided in the participant's home or place of residence, or one of the following out of home settings:

- Foster care home
- Medicaid certified hospital
- Unlicensed settings where agency and individual providers must be licensed under [ADD]Minnesota Statutes, Chapter[END ADD] 245D

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in [DELETE]a facility[END DELETE][ADD]one of the licensed out-of-home settings listed above. [END ADD]

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Providers may not furnish respite services to more than four people in one home or setting at the same time.

Respite care is not available to participants living in settings that are not the primary residence of the license holder, with the exception of community emergencies or disasters.

Respite care is limited to 30 consecutive days, per respite stay[ADD], when provided 24-hours a day in a location that is not the participant's own home. In this instance, home means a setting that the participant, or their family, owns or leases. [END ADD] [DELETE]in accordance with the community support plan.[END DELETE]

## 23. Background Studies

- Updates list of services that require a background study
- [ADD] (2/8/16) Removes services not being added as part of this package of amendments[END ADD]
- [ADD] (2/8/16) Updates the name from "Home and Community Support Services" to "Individualized Home Supports" [END ADD]

## BI Waiver

### Appendix C-2: Participant Services, General Service Specifications

#### a. Criminal History and/or Background Investigations.

Direct Contact Services means providing face-to-face care, support, training, supervision, counseling, consultation, or medication assistance to a person. Direct contact services always includes the following services:

- 24-hr Emergency Assistance (for assistance involving direct contact)
- Adult Companion Services
- Adult Day [DELETE]Care[END DELETE][ADD]Service[END ADD]
- Adult Day [DELETE]Care[END DELETE][ADD]Service [END ADD]Bath
- Adult Foster Care
- [DELETE]Behavioral Support[END DELETE]
- Child Foster Care
- Consumer Directed Community Supports (e.g., personal assistance, treatment and training, self-directed support, and fiscal intermediary entity services)
- Crisis Respite
- Customized Living
- Extended Home Health Care
- Extended Personal Care Assistance



- Extended ~~[DELETE]Private Duty[END DELETE]~~~~[ADD]Home Care[END ADD]~~ Nursing
- Family Training and Counseling (for direct contact in the home)
- Homemaker
- ~~[ADD]Individualized Home Supports[END ADD]~~
- Housing Access Coordination
- Independent Living Skills (ILS) Training
- Independent Living Skills (ILS) Therapies
- Night Supervision Services
- ~~[ADD]Personal Supports[END ADD]~~
- ~~[ADD]Positive Support Services[END ADD]~~
- Prevocational Services
- Residential Care Services
- Respite
- ~~[ADD]Specialist Services[END ADD]~~
- Structured Day Program
- Supported Employment Services

## CAC Waiver

### Appendix C-2: Participant Services, General Service Specifications

#### a. Criminal History and/or Background Investigations.

Direct Contact Services means providing face-to-face care, support, training, supervision, counseling, consultation, or medication assistance to a person. Direct contact services always includes the following services:

- 24-hour emergency assistance ~~[ADD] (for assistance involving direct contact) [END ADD]~~
- ~~[ADD]Adult Foster Care[END ADD]~~
- ~~[ADD]Adult Day Service[END ADD]~~
- ~~[DELETE]Behavioral support[END DELETE]~~
- ~~[ADD]Child Foster Care[END ADD]~~
- Consumer directed community supports (personal assistance, treatment and training, self-directed support, and fiscal intermediary entity services)
- ~~[ADD]Crisis Respite[END ADD]~~
- Extended Home Health Care
- Extended Personal Care Assistance
- Extended ~~Private Duty~~~~[END DELETE]~~~~[ADD]Home Care[END ADD]~~ Nursing
- Family Training and Counseling ~~[ADD] (for direct contact in the home) [END ADD]~~
- ~~[DELETE]Adult and Child Foster Care[END DELETE]~~
- Homemaker
- ~~[ADD]Individualized Home Supports[END ADD]~~
- Housing access coordination
- Independent living skills (ILS) Training
- ~~[ADD]Night Supervision[END ADD]~~
- ~~[ADD]Personal Supports[END ADD]~~
- ~~[ADD]Positive Support Service[END ADD]~~
- Respite
- ~~[ADD]Specialist Services[END ADD]~~
- Supported employment
- ~~[DELETE]Transitional Services[END DELETE]~~

## CADI Waiver

### Appendix C-2: Participant Services, General Service Specifications

#### a. Criminal History and/or Background Investigations.

Direct Contact Services means providing face-to-face care, support, training, supervision, counseling, consultation, or medication assistance to a person. Direct contact services always includes the following services:

- 24-Hour Emergency Assistance[ADD] (for assistance involving direct contact) [END ADD]
- Adult companion services
- Adult day [DELETE]care[END DELETE][ADD]service[END ADD]
- Adult day [DELETE]care[END DELETE][ADD]service[END ADD] bath
- [ADD]Adult foster care[END ADD]
- [DELETE]Behavioral support[END DELETE]
- [ADD]Child foster care[END ADD]
- Consumer-directed community supports (personal assistance, treatment and training, self-directed support, and fiscal intermediary entity services)
- Customized living
- Crisis Respite
- Extended Home Health Care Services
- Extended Personal Care Assistance
- Extended Home Care Nursing
- Family Training and Counseling [ADD] (for direct contact in the home) [END ADD]
- [DELETE]Foster Care (Child and Adult) [END DELETE]
- Homemaker services
- Housing Access Coordination
- Independent living skills [ADD] (ILS) Training [END ADD]
- Night Supervision services
- [ADD]Personal Supports[END ADD]
- [ADD]Positive Support Service[END ADD]
- Prevocational services
- Residential care services
- Respite
- [ADD]Specialist Services[END ADD]
- Supported employment services

## DD Waiver

### Appendix C-2: Participant Services, General Service Specifications

#### a. Criminal History and/or Background Investigations.

Direct Contact Services means providing face-to-face care, support, training, supervision, counseling, consultation, or medication assistance to a person. Direct contact services always includes the following services:

- 24-hr Emergency Assistance [ADD] (for assistance involving direct contact) [END ADD]
- Adult Day [DELETE]Care[END DELETE][ADD]Service[END ADD]
- Adult Day [DELETE]Care[END DELETE][ADD]Service[END ADD] Bath
- Assistive Technology
- Consumer Directed Community Supports (e.g., personal assistance, treatment and training, self-directed support, and fiscal intermediary entity services)
- Crisis Respite
- Day Training & Habilitation

- Extended Personal Care Assistance
- [ADD]Family Training and Counseling (for direct contact in the home) [END ADD]
- Homemaker
- [ADD]Home and Community Supports[END ADD]
- Housing Access Coordination
- [ADD]Night Supervision[END ADD]
- Personal Support
- [ADD]Positive Support Service[END ADD]
- Prevocational Services
- Residential Habilitation
- Respite
- Specialist Services
- Supported Employment Services

## 25. Out-of-State Travel

- Defines direct care staff services for the purposes of temporary out-of-state travel
- [ADD] (2/8/16) Adds extended home care nursing, supported living services, and CDCS worker that provides ADL assistance [END ADD]

## BI, CAC, CADI, and DD Waivers

### Application – Additional Needed Information

3. Services are only provided to Minnesota residents, and services are not covered outside of Minnesota except when:

- a) the provider is located within the participant's local trade area in North Dakota, South Dakota, Iowa, or Wisconsin and the service is provided in accordance with state and federal laws and regulations; or
- b) the services provided are direct care staff services (that are authorized in the participant's community support plan) provided when the participant is temporarily outside of Minnesota and within the United States. [ADD]Direct care staff services are defined as extended personal care assistance, extended home care nursing, foster care services, supported living services, and a CDCS worker that provides ADL assistance under the category of Personal Assistance. [END ADD]

The local trade area is defined in Minnesota Rules, Part 9505.0175, subp. 22, as the geographic area surrounding the person's residence, including portions of states other than Minnesota, which is commonly used by other persons in the same area to obtain similar necessary goods and services. Temporary travel is defined as a maximum of 30 days per calendar year with the exception of emergencies. In situations in which temporary travel may exceed 30 days due to an emergency (e.g., cancelled flights by airlines, family emergencies, etc.), the case manager must be notified as soon as possible prior to the thirtieth day. The case manager determines whether the situation constitutes an emergency and whether additional waiver services will be authorized.

All waiver plan requirements continue to apply to services provided outside of Minnesota including, prior authorization, provider standards, participant health and safety assurances, etc. Travel expenses for participants and their companions (including paid or non-paid caregivers), such as airline tickets, mileage, lodging, meals, entertainments, etc. are not covered.

## 26. Qualifications / MDH Licensure

- Replaces “Class A, B, or F license” with “Basic or Comprehensive home care license” where applicable
- Removes 144A licensure from provider qualifications from certain services
- [ADD](2/8/16) Corrects reference to MN Statute §144A.49 to reflect 144A.484 [END ADD]

### BI, CAC, CADI, and DD Waivers

#### Appendix C-1/C-3: Participant Services – Service Specification

##### Updates the following Provider Qualification:

###### License (*specify*):

~~[DELETE]Class A license[END DELETE]~~[ADD]Comprehensive home care license provider in accordance with Minnesota Statutes, §144A.43 through §144A.484[END ADD]

##### For each of the following services:

- Customized Living
- Extended Home Care Nursing (formerly extended private duty nursing)
- Extended Home Health Care Services
- Family Training and Counseling (Home Health Agencies)

##### Updates the following Provider Qualification:

###### License (*specify*):

[ADD]1. Providers must be licensed under Minnesota Statutes, Chapters 245D [ADD]as a basic support service provider; or [DELETE]144A, unless they are excluded under Minnesota Statutes, section 245A.03, subd. 2 (1) and (2). [END DELETE]

[ADD]2. Licensed for Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484.

###### Other Standard (*specify*):

~~[DELETE]Individuals licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the provider standards in Minnesota Statutes, section 144A.43 to 144A.482. [END DELETE]~~

Individuals meeting the licensing exclusions of Minnesota Statutes, section 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards.

##### For each of the following services:

- 24-hour Emergency Assistance
- Adult Companion
- Homemaker
- Night Supervision
- Personal Support
- Respite

## BI Waiver

### Appendix C-1/C-3: Participant Services – Service Specification

#### Removes the following Provider Qualification:

##### Other Standard (*specify*):

[DELETE]Individuals licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the provider standards in Minnesota Statutes, Chapter 245D. [END DELETE]

#### For each of the following services:

- Independent Living Skills (ILS) Training
- Structured Day

## DD Waiver

### Appendix C-1/C-3: Participant Services – Service Specification

#### Updates the following Provider Qualification:

##### License (*specify*):

Providers must be licensed under Minnesota Statutes, Chapters 245D [ADD]as an intensive support service provider[DELETE] or Minnesota Statutes, Chapter 144A. [END DELETE]

#### Removes the following Provider Qualification:

##### Other Standard (*specify*):

[DELETE]Individuals licensed under Minnesota Statutes, Chapter 144A as a home care provider must meet the provider standards in Minnesota Statutes, Chapter 245D. [END DELETE]

#### For the following service:

- Residential Habilitation

## BI, CAC, CADI, and DD Waivers

### Appendix G-3: Participant Safeguards, Medication Management and Administration

#### b. Medication Management and Follow-Up

##### ii. Methods of State Oversight and Follow-Up.

[DELETE]For customized living, only licensed nurses, physicians, or pharmacists may set up medications. Nurses must meet training requirements to administer medications. Medication monitoring requirements differ slightly depending on the type of home care license the provider holds (Class A or F), but both require monitoring by a licensed nurse. Providers' compliance is monitored through surveys conducted by the Minnesota Department of Health. [END DELETE][ADD]For customized living, the provider must hold a Home Health Agency comprehensive license which includes licensed nurses to complete or provide oversight to any medication management procedures. Medication management procedures include medication set up, administering medications and medication monitoring. Provider's compliance is monitored through surveys conducted by the Minnesota Department of Health. Medications may also be set up by physicians or pharmacists. [END ADD]

#### c. Medication Administration by Waiver Providers

##### ii. State Policy.

For customized living, the [DELETE]Class A and F [END DELETE][ADD]comprehensive[END ADD] home care license allows providers to administer, set up, or provide reminders to take medications.

Licensing standards govern medication management including record keeping and storage. Refer to Minnesota Statutes, sections 144A.43 through 144A.[DELETE]49[END DELETE][ADD]483[END ADD], [DELETE]and sections 144A.4605, and Minnesota Rules, Chapters 4668 and 4669. [END DELETE]

## BI and CADI Waivers

### Appendix C-2: Participant Services, Facility Specifications

**When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:**

Provision of or arrangement for necessary health services: Board and lodge providers must be registered with the Minnesota Department of Health as a housing with services provider. The housing with services standards govern the scope of health services and monitoring that may be provided or arranged without an additional home care license. The majority of board and lodge providers who furnish waiver services elect to be concurrently licensed as a [DELETE]Class A, B or F[END DELETE][ADD]basic or comprehensive home care provider, or are required to be licensed as a [DELETE]Class A, B, or F[END DELETE][ADD]basic or comprehensive home care provider based on the scope of services they provide. [END ADD]

## 28. Monitoring Technology

- Adds language requiring an informed consent process when monitoring technology is being authorized
- Adds language indicating Department approval is not needed when parents are monitoring minor children using cameras in bedrooms for health and safety reasons
- [ADD] (2/8/16) Adds language clarifying an informed consent is not needed when door and window alarms are used in certain situations[END ADD]

## BI, CAC, CADI, and DD Waivers

### Appendix C-1/C-3: Participant Services – Service Specification

#### Service Definition (*Scope*):

\* (a) Any agency or individual who creates, collects, records, maintains, stores, or discloses any individually identifiable participant data, whether in an electronic or any other format, must comply with the privacy and security provisions of applicable privacy laws and regulations, including:

(1) the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-1; and the HIPAA Privacy Rule, Code of Federal Regulations, title 45, part 160, and subparts A and E of part 164; and

(2) the Minnesota Government Data Practices Act as codified in chapter 13.

(b) The agency or individual shall be monitored for compliance with the following [DELETE]data privacy and security[END DELETE] provisions:

(1) the agency or individual must control access to data on participants according to the definitions of public and private data on individuals under section 13.02; classification of the data on individuals as private under section 13.46, subdivision 2; and control over the collection, storage, use, access,

protection, and contracting related to data according to section 13.05, in which the agency or individual is assigned the duties of a government entity;

(2) the agency or individual must provide each participant with a notice that meets the requirements under section 13.04, in which the agency or individual is assigned the duties of the government entity, and that meets the requirements of Code of Federal Regulations, title 45, part 164.52. The notice shall describe the purpose for collection of the data, and to whom and why it may be disclosed pursuant to law. The notice must inform the participant that the agency or individual uses electronic monitoring and, if applicable, that recording technology is used;

(3) In accordance with Minn. Stat. § 245A.11, Subd. 7a (f) “a foster care recipient may not be removed from a program under this subdivision for failure to consent to electronic monitoring.” If an existing resident does not consent to electronic monitoring, the application for an alternative overnight supervision technology license will not be approved. If the participant does not consent, the case manager and the support planning team are responsible to ensure that the participant’s needs are met by alternative means.

[ADD] (4) The use of environmental accessibility adaptations funding for monitoring technology requires an informed consent process. To ensure an informed consent process, the Case Manager and the participant or legal guardian must collaborate and determine:

- a) how the monitoring technology will be used;
- b) how their needs will be met if they choose not to use monitoring technology;
- c) possible risks created by the use of the technology;
- d) who will have access to the data collected and how their personal information will be protected;  
and
- e) their right to refuse, stop, or suspend the use of monitoring technology at any time.

(5) The participant’s Community Support Plan must describe how the use of monitoring technology:

- a) is the least restrictive option and the person’s preferred method to meet an assessed need;
- b) achieves an identified goal or outcome; and
- c) addresses health, potential individual risks and safety planning.

(6) Additional consent is not required for door and window alarms that do not record data, when used to supplement the supervision provided by an on-site caregiver and documented in the support plan as needed for health and safety. [END ADD]

~~[(DELETE)4[END DELETE][ADD]7[END ADD]]~~ monitoring cameras must not be installed in bathrooms; and will only be permitted in bedrooms as the least restrictive alternative for complex medical needs or other extreme circumstances as approved by the Department. [ADD]Department approval is not required when parents are monitoring minor children living in their home using cameras in bedrooms for purposes of health and safety. Electronic monitoring cameras must not be concealed from the participant; ~~[(DELETE)and[END DELETE]]~~

~~[(DELELTE)5[END DELETE]7[ADD]8[END ADD]]~~ equipment that is bodily invasive, concealed cameras, and auto door or window locks are not allowed.

~~[(DELETE)6[END DELETE][ADD]9[END ADD]]~~ the State ~~[(DELETE)plans to-[END DELETE][ADD]must[END ADD]]~~ review support plans of waiver participants with a proposed need for cameras in their bedroom. Support planning teams may consist of individuals with expertise in areas appropriate to meet the individual’s needs.

~~[(DELETE)7[END DELETE][ADD]10[END ADD]]~~ electronic video and audio recordings of participants shall be stored for five days unless:

- (i) a participant or legal representative requests that the recording be held longer based on a specific report of alleged maltreatment; or
- (ii) the recording captures an incident or event of alleged maltreatment under section 626.556 or 626.557 or a crime under chapter 609. When requested by a participant or when a recording captures an incident or event of alleged maltreatment or a crime, the recordings must be maintained in a secured area for no longer than 30 days to give the investigating agency an opportunity to make a copy of the recording. The investigating agency will maintain the electronic video or audio recordings as required in section 626.557, subdivision 12b.



## 32. Home and Community Support Services [ADD] Individualized Home Supports[END ADD]

- Adds a new service to [ADD]BI, CAC and CADI to[END ADD] provide flexible supports and training to assist participants to live in their own home
- [ADD] (2/8/16) Updates the name from “Home and Community Support Services” to “Individualized Home Supports” [END ADD]
- [ADD] (2/8/16) Updates the definition of “own home” [END ADD]
- [ADD] (2/8/16) Adds “coordination” for community living activities under the service description[END ADD]
- [ADD] NOTE: This service will not be added to the DD waiver. At this time, IHS service is duplicative of Supported Living Services (SLS) for adults living in their own home on the DD waiver. Language permitting “remote support” is being added to the DD waiver for SLS for adults living in their own home. [END ADD]

### BI, CAC, and CADI Waivers

#### Appendix C-1/C-3: Participant Services – Service Specification

##### Service Type:

[ADD]Other Service[END ADD]

##### Taxonomy:

[ADD]Category 08: Home-Based Services

Sub-category: 08010 Home-based habilitation [END ADD]

##### Service Definition (Scope):

[ADD]Individualized Home Supports (-IHS) are services providing support and training in community living service areas for the adult participant who resides in their own home. Individualized Home Supports can be delivered in the participant’s own home or community settings typically used by the general public.

The definition of support in a community living service area means staff providing direct supervision, cuing, maintenance, guidance, instruction, incidental assistance with activities of daily living, or assistance with coordination of community living activities. The definition of training means the acquisition, retention, and improvement of a participant’s community living service area. Training is instructional services, whereby an enrolled participant receives direct training from a staff person on individually assessed community living service areas. There must be clear documentation of service needs and outcomes that are identified in the coordinated services and support plan, as well as, regular written reports of progress by the Individualized Home Supports service provider.

The Individualized Home Supports service requires a participant to receive training, at minimum, in one or more community living service areas. Community living services areas include, but are not limited to: Community Participation; Health, Safety, and Wellness; Household Management; and Adaptive Skills.

For Individualized Home Supports, own home means a setting which the participant or, if applicable, legal guardian:

(1) decides who lives in the home with the participant and within the restrictions of the lease agreement;

(2) decides who provides services in the home; and

(3) is responsible for maintenance of the home.

If a response to 1 through 3 is the service provider(s) the setting is not a participant's own home. The responsibility for maintenance does not prevent the participant from hiring a service provider to complete maintenance tasks. When a setting is a participant's own home, the lease is held in the participant's name, or if the participant has a legal guardian, it may be the responsibility of the legal guardian to sign the lease on behalf of the participant. When a participant and provider comply with Minnesota Statute 256B.49, community living setting, it may be considered a participant's own home unless the commissioner determines the setting meets the requirements to be licensed.

Individualized Home Supports may be delivered face to face in person or through remote support. Face to face in person service delivery will be scheduled a minimum of weekly. Remote support is real-time, two-way communication between the provider and the participant. It meets intermittent or unscheduled needs for support for when a participant needs it to live and work in the most integrated setting, supplementing direct face-to-face service delivery. Support is limited to check-ins (e.g. reminders, verbal cues, prompts) and consultations (e.g. counseling, problem solving) within the scope of Individualized Home Supports. Remote Support may be utilized when it is chosen by the participant as a method of service delivery, to achieve an identified goal(s) and meet assessed need(s).

To meet the real-time, two-way exchange definition, remote support includes the following methods: telephone, secure video conferencing, and written electronic messaging excluding e-mail and facsimile. All transmitted electronic written messages must be retrievable for review. Providers must document the staff who delivered services, the date of service, the start and end time of service delivery, length of time of service delivery, method of contact, and place of service (i.e. office or community) when remote support contact is made. [END ADD]

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

- [ADD]For participants receiving Individualized Home Supports the following services are not covered: Adult Foster Care, Customized Living, and Residential Care.
- Individualized Home Supports is not delivered to provide supervision services during the participant's primary sleeping hours or delivered as a 24-hour on-sight supervision service.
- The Individualized Home Supports service provider cannot have any direct or indirect financial interest in the property or housing in which Individualized Home Supports is delivered.
- Individualized Home Supports face to face in person service delivery can be authorized as a 15-minute unit at a 1:1 or 1:2 staff-to-participant ratio or authorized as a daily unit at a 1:1 staff-to-participant ratio. Individualized Home Supports remote support service delivery can be authorized as a 15-minute unit at a 1:1 staff-to-participant ratio.
- Individualized Home Supports is limited to a maximum of 16 hours of face-to-face service per day.

Limitations applicable to remote support service delivery of Individualized Home Supports:

- Remote support is limited to the average of two (2) hours per day. The participant's case manager may submit an exception request to exceed this limitation to the Department. Exception requests will be reviewed by the Department, or a Department designee(s), and approved or denied based upon the service delivery plan meeting the participant's assessed needs.
- Remote support does not include technology used to gather data using sensing or biometric devices transmitted via telephone or internet.
- Providers may not:

- Bill direct support delivered remotely when the exchange between the service participant and the provider is social in nature
- Bill direct support delivered remotely when real-time, two-way communication does not occur (e.g. leaving a voicemail; unanswered written electronic messaging)
- Use Global Positioning System (GPS), Personal Emergency Response System (PERS) and video surveillance to provide remote check-in or consultative supports[END ADD]

**Service Delivery Method** (*check each that applies*):

[ADD]☒ Provider Managed[END ADD]

**Provider Specifications:**

[ADD]Agency - Providers who meet the Individualized Home Supports services standards.

Individual - Providers who meet the Individualized Home Supports services standards. [END ADD]

**Provider Category:**

[ADD]Agency[END ADD]

**Provider Type**

[ADD]Providers who meet the Individualized Home Support services standards[END ADD]

**Provider Qualifications**

**License** (*specify*): [ADD]Providers must be licensed under Minnesota Statutes, Chapters 245D.

- IHS in an intensive service under Minnesota Statutes, Chapter 245D. [END ADD]

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Chapter 245D[END ADD]

**Frequency of Verification**

[ADD]One to three years[END ADD]

**Provider Category:**

[ADD]Individual[END ADD]

**Provider Type**

[ADD]Providers who meet the Individualized Home Support services standards[END ADD]

**Provider Qualifications**

**License** (*specify*): Providers must be licensed under Minnesota Statutes, Chapters 245D.

- [ADD]IHS is an intensive service under Minnesota Statutes, Chapter 245D. [END ADD]

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Chapter 245D[END ADD]

**Frequency of Verification**

[ADD]One to three years[END ADD]

### 33. Caregiver Living Expenses

- [\[ADD\] \(2/8/16\) Updates “Home and Community Supports” language to reflect “Individualized Home Supports” \[END ADD\]](#)
- [Adds the new \[DELETE\]Home and Community \[END DELETE\]\[ADD\]Individualized Home\[END ADD\] Supports service as an eligible service people can be receiving in order to be reimbursed for Caregiver Living Expenses](#)

#### BI and CADI Waivers

##### Appendix C-1/C-3: Participant Services – Service Specification

##### Service Definition (*Scope*):

Caregiver living expenses are the portion of the rent and food that may be reasonably attributed to the live-in personal caregiver, when the live-in personal caregiver also provides one of the following approved support services: independent living skills training services; [\[ADD\]individualized home supports; \[END ADD\]](#) adult companion services; extended personal care assistance services; or consumer directed community supports. The service must be provided to an adult participant, living in his or her own home and the live-in personal caregiver must reside in the same home. For purposes of this service, “food” includes three meals a day or any other full nutritional regimen. Refer to Appendix I-6 for the form used to determine the amount to be covered.

#### CAC Waiver

##### Appendix C-1/C-3: Participant Services – Service Specification

##### Service Definition (*Scope*):

Caregiver living expenses are the portion of the rent and food that may be reasonably attributed to the live-in personal caregiver, when the live-in personal caregiver also provides one of the following approved support services: independent living skills training; [\[ADD\]individualized home supports; \[END ADD\]](#) extended personal care assistance; extended private duty nursing, or consumer directed community supports. The service must be provided to an adult participant, living in his or her own home and the live-in personal caregiver must reside in the same home. For purposes of this service, “food” includes three meals a day or any other full nutritional regimen. Refer to Appendix I-6 for the form used to determine the amount to be covered.

### 35. Night Supervision

- [Expands service to the CAC and DD Waivers](#)
- [Revises the language in BI and CADI to be consistent with CAC and DD](#)
- [\[ADD\] \(2/8/16\) Adds a definition for “own home” \[END ADD\]](#)
- [\[ADD\] \(2/8/16\) Revises allowable supports to increase flexibility of the service\[END ADD\]](#)

#### CAC Waiver

##### Appendix C-1/C-3: Participant Services – Service Specification

##### Service Type:

[\[ADD\]Other Service\[END ADD\]](#)

**Taxonomy:**

[ADD]Category 08: Home-based Services

Sub-Category: 08040 adult companion night supervision[END ADD]

**Service Definition (Scope):**

[ADD]Night supervision services provide overnight assistance and monitoring of the participant in his or her own home for a period of no more than 12 hours in a 24-hour period. For this service, “own home” is defined as a home that is not licensed or operated by another entity.

[ADD]Night supervision includes carrying out the participant’s positive behavior support plan and/or positive support transition plan when applicable, reinforcing other skill development supports, and assisting with instrumental activities of daily living. [END ADD]

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

[Intentionally left blank]

**Service Delivery Method (check each that applies):**

[ADD]☒ Provider Managed[END ADD]

**Provider Specifications:**

[ADD]Individual – Providers of Night Supervision services

Agency – Night supervision providers[END ADD]

**Provider Category:**

[ADD]Individual[END ADD]

**Provider Type**

[ADD]Providers of Night Supervision services[END ADD]

**Provider Qualifications****License (specify):**

[ADD]1. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider; or

2. Licensed for Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484. [END ADD]

**Other Standard (specify):** [ADD]Individuals excluded under Minnesota Statutes, 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards. [END ADD]

**Verification of Provider Qualifications****Entity Responsible for Verification:**

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Minnesota Statutes, Chapter 245D.

The Minnesota Department of Health monitors individuals holding a home care license under Minnesota Statutes, Chapter 144A.

For individuals who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

**Frequency of Verification**

[ADD]One to three years[END ADD]

**Provider Category:**

[ADD]Agency[END ADD]

**Provider Type**

[ADD]Night supervision providers[END ADD]

**Provider Qualifications****License (*specify*):**

[ADD]1. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider; or

2. Licensed for Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484.

**Other Standard (*specify*):** [ADD]Agencies excluded under Minnesota Statutes, 245A.03, subd. 2 (1) and (2) must meet the requirements of: section 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subd. 3 regarding recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards. [END ADD]

**Verification of Provider Qualifications****Entity Responsible for Verification:**

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Minnesota Statutes, Chapter 245D.

The Minnesota Department of Health monitors individuals holding a home care license under Minnesota Statutes, Chapter 144A.

For individuals who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

**Frequency of Verification**

[ADD]One to three years[END ADD]

## DD Waiver

### Appendix C-1/C-3: Participant Services – Service Specification

**Service Type:**

[ADD]Other Service[END ADD]

**Taxonomy:**

[ADD]Category 08: Home-based Services

Sub-Category: 08040 adult companion night supervision[END ADD]

**Service Definition** (*Scope*):

[ADD]Night supervision services provide overnight assistance and monitoring of the participant in his or her own home for a period of no more than 12 hours in a 24-hour period. For this service, “own home” is defined as a home that is not licensed or operated by another entity.

Night supervision includes carrying out the participant’s positive behavior support plan and/or positive support transition plan when applicable, reinforcing other skill development supports, and assisting with instrumental activities of daily living. [END ADD]

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

[Intentionally left blank]

**Service Delivery Method** (*check each that applies*):

[ADD]✓Provider Managed[END ADD]

**Provider Specifications:**

[ADD]Individual – Providers of Night Supervision services

Agency – Night supervision providers[END ADD]

**Provider Category:**

[ADD]Individual[END ADD]

**Provider Type**

[ADD]Providers of Night Supervision services[END ADD]

**Provider Qualifications****License** (*specify*):

[ADD]1. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider; or

2. Licensed for Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484. [END ADD]

**Other Standard** (*specify*): [ADD]Individuals excluded under Minnesota Statutes, 245A.03, subd. 2 (1) and (2) must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards. [END ADD]



**Verification of Provider Qualifications****Entity Responsible for Verification:**

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Minnesota Statutes, Chapter 245D.

The Minnesota Department of Health monitors individuals holding a home care license under Minnesota Statutes, Chapter 144A.

For individuals who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

**Frequency of Verification**

[ADD]One to three years[END ADD]

**Provider Category:**

[ADD]Agency[END ADD]

**Provider Type**

[ADD]Night supervision providers[END ADD]

**Provider Qualifications****License (*specify*):**

[ADD]1. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider; or

2. Licensed for Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484. [END ADD]

**Other Standard (*specify*):** [ADD]Agencies excluded under Minnesota Statutes, 245A.03, subd. 2 (1) and (2) must meet the requirements of: section 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subd. 3 regarding recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards. [END ADD]

**Verification of Provider Qualifications****Entity Responsible for Verification:**

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Minnesota Statutes, Chapter 245D.

The Minnesota Department of Health monitors individuals holding a home care license under Minnesota Statutes, Chapter 144A.

For individuals who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

**Frequency of Verification**

[ADD]One to three years[END ADD]

## BI and CADI Waivers

### Appendix C-1/C-3: Participant Services – Service Specification

#### Taxonomy:

Category 08: Home-based Services

Sub-Category: 08040 adult companion night supervision

#### Service Definition (Scope):

Night supervision services provide overnight assistance and monitoring of the participant in his or her [ADD]own[END ADD] home for a period of no more than 12 hours in a 24-hour period. For this service, “own home” is defined as a home that is not licensed or operated by another entity.

Night supervision includes carrying out the participant’s ~~[DELETE]behavior programming and plans when applicable,[END DELETE]~~[ADD]positive behavior support plan and/or positive support transition plan when applicable,[END ADD] reinforcing other skill development supports, and assisting with instrumental activities of daily living.

## 36. Personal Support Service

- Expands service to the BI, CAC, and CADI Waivers
- Revises the language in DD to be consistent with BI, CAC, and CADI
- [ADD] (2/8/16) Clarifies support can happen in the person’s own home, and can meet community inclusion goals[END ADD]
- [ADD] (2/8/16) Adds a definition for “own home” [END ADD]
- [ADD] (2/8/16) Clarifies ADL assistance is covered under this service[END ADD]

## BI, CAC, and CADI Waivers

### Appendix C-1/C-3: Participant Services – Service Specification

#### Service Type:

[ADD]Other Service[END ADD]

#### Taxonomy:

[ADD]Category 17: Other Services

Sub-Category: 17990 other[END ADD]

#### Service Definition (Scope):

[ADD]Personal support services are provided for a participant in his or her own home or in the community to achieve increased independence, achieve one’s full potential, and to meet community inclusion goals that are both important to and important for the person. “Own home” is defined as a home that is not licensed or operated by another entity. Personal support services may include supervision, support or assistance with ADL’s either in the person’s home or in the community, as well as assistance with accessing community services and participating in community activities of the person’s choosing. The person must require supervision or assistance beyond ADL assistance. Services provided in the community should be provided in a way that results in the person having meaningful connections with other community members. This may include establishing new relationships and nurturing existing ones.

This service is provided in accordance with outcomes identified during the person centered planning process and documented in the community support plan, when teaching and training are determined not to be necessary for achieving those goals. The case manager will assure there is coordination with other services, the personal support services do not duplicate other services provided for the participant, and the provision of personal support services is monitored. [END ADD]

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

[ADD]Services provided one on one with the person outside of their home must be provided in integrated community settings that enable the person to interact with people without disabilities. [END ADD]

**Service Delivery Method** (*check each that applies*):

[ADD]☒ Provider Managed [END ADD]

**Provider Specifications:**

[ADD]Agency – Agencies that meet the personal support service standards  
Individual – Individuals that meet the personal support service standards

**Provider Category:**

[ADD]Agency [END ADD] [END ADD]

**Provider Type**

[ADD]Agencies that meet the personal support service standards [END ADD]

**Provider Qualifications**

**License** (*specify*):

[ADD]1. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider; or

2. Licensed for Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484. [END ADD]

**Other Standard** (*specify*): [ADD]Agencies meeting the licensing exclusions of Minnesota Statutes, 245A.03, subd. 2 must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards. [END ADD]

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

[ADD]The Minnesota Department of Human Services monitors agencies holding a license under Minnesota Statutes, Chapter 245D.

The Minnesota Department of Health monitors agencies holding a home care license under Minnesota Statutes, Chapter 144A.

For agencies who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

**Frequency of Verification**

[ADD]One to three years[END ADD]

**Provider Category:**

[ADD]Individual[END ADD]

**Provider Type**

[ADD]Individuals that meet the personal support service standards[END ADD]

**Provider Qualifications****License** (*specify*):

[ADD]1. Providers must be licensed under Minnesota Statutes, Chapters 245D as a basic support service provider; or

2. Licensed for Home Care under Minnesota Statutes, Chapter 144A.43 through 144A.483 with a Home and Community-Based Services Designation under Minnesota Statutes, section 144A.484.  
[END ADD]

**Other Standard** (*specify*): [ADD]Individuals meeting the licensing exclusions of Minnesota Statutes, 245A.03, subd. 2 must meet the requirements of: sections 245D.04, subd. 1(4), subds. 2 (1), (2) (3) (6) and subdivision 3 regarding service recipient rights; sections 245D.05 and 245D.051 regarding health services and medication monitoring; section 245D.06 regarding incident reporting and prohibited and restricted procedures; section 245D.061 regarding the emergency use of manual restraint; and section 245D.09 subds. 1, 2, 3, 4a, 5a, 6 and 7 regarding staffing standards. [END ADD]

**Verification of Provider Qualifications****Entity Responsible for Verification:**

[ADD]The Minnesota Department of Human Services monitors individuals holding a license under Minnesota Statutes, Chapter 245D.

The Minnesota Department of Health monitors individuals holding a home care license under Minnesota Statutes, Chapter 144A.

For individuals who are excluded under Minnesota Statutes, section 245A.03, subd. 2(1) and (2) the lead agency monitors the provider. [END ADD]

**Frequency of Verification**

[ADD]One to three years[END ADD]

**DD Waiver****Appendix C-1/C-3: Participant Services – Service Specification****Service Type:**

[ADD]Other Service[END ADD]

**Taxonomy:**

[ADD]Category 17: Other Services

Sub-Category: 17990 other[END ADD]

**Service Definition (Scope):**

Personal support services are ~~non-medical care, supervision and assistance~~ provided ~~to~~ for a participant in his or her own home or in the community to achieve increased independence, achieve one's full potential, productivity, and to meet community inclusion goals that are both important to and important for the person ~~in the community~~. "Own home" is defined as a home that is not licensed or operated by another entity. Personal support services may ~~provide~~ include supervision, support or ~~and~~ assistance with ADL's either in the person's home or in the community, as well as assistance ~~to a participant in~~ with accessing community services and participating in community activities of the person's choosing. The person must require supervision or assistance beyond ADL assistance. Services provided in the community should be provided in a way that results in the person having meaningful connections with other community members. This may include establishing new relationships and nurturing existing ones.

This service is provided in accordance with outcomes identified during the person centered planning process and documented in the community support plan, ~~but~~ when teaching and training are determined not to be necessary for achieving those goals ~~(i.e., this is not a habilitation service)~~. The case manager will assure ~~that~~ there is coordination with other services, the personal support services do not duplicate other services provided ~~to~~ for the participant, and the provision of personal support services is monitored.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Services provided one on one with the person outside of ~~the~~ their ~~enrollee's~~ home must be provided in integrated community settings that enable the person to interact with people without disabilities.

**39. Residential Care Services**

- Establishes the date of ~~12/31/2017~~ 6/30/2018 when Residential Care Services will be discontinued
- Establishes the date of ~~1/1/2016~~ 7/1/2017 when no new participants can receive residential care services
- Advises that the department will work with lead agencies during the transition process to determine alternative waiver support services
- Includes language allowing for a rate adjustment during the transition (upon approval by the commissioner)
- (2/8/16) Revises dates as shown above
- (2/8/16) Includes language allowing an exception process for people in institutional settings or short term crisis or stabilization programs who were previously receiving residential care services
- Moves rate adjustment language to the service description

## BI and CADI Waivers

### Appendix C-1/C-3: Participant Services – Service Specification

#### Service Description (Scope):

[ADD]The Residential Care service shall discontinue by June 30, 2018. The Department will work with Lead Agencies to begin the transition process for people to complete person centered planning to determine alternative waiver supports. No new authorizations for residential care services will be allowed starting July 1, 2017. A new authorization means approval for residential care services for a participant who was not receiving residential care services on June 30, 2017.

From July 1, 2017 to June 30, 2018, the commissioner may approve an exception for a new authorization for residential care services for a participant who is being discharged from -an institutional setting (e.g. nursing facility, hospital, ICF/DD, or IMD) or short term crisis or stabilization program, and was receiving residential care services immediately prior to -being discharged from the institutional setting, crisis or stabilization program.

The commissioner may approve a rate adjustment to participant's payment rate to assure continuity of services while transitioning to alternative services.) [END ADD]

## 41. Day Training and Habilitation (DT&H) Services

- [ADD] (2/8/16) Removes language unnecessary to this service because it is about DD waiver eligibility and is already covered in the eligibility section[END ADD]

## DD Waiver

### Appendix C-3: Provider Specifications for Service

#### Service Definition (Scope):

Day training and habilitation services consist of assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that are provided in a non-residential setting, i.e., separate from the home or facility in which the participant resides. Services shall focus on enabling participants to attain or maintain their maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the community support plan. In addition, day training and habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Services shall normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week unless provided as an adjunct to other day activities included in a participant's community support plan.

Day training and habilitation services include supervision, training, and assistance in the areas of self-care, communication, socialization, use of leisure and recreation time, and behavior management as well as training in community survival skills, money management, work related activities and therapeutic activities designed to increase the participant's adaptive living skills.

The hours of service per day will be based on the participant's individual needs and functioning. All day training and habilitation services will be coordinated with the participant's residential habilitation services by the case manager.

Non-medical transportation services must be provided by day training and habilitation providers to enable participants to participate in these services when this need is identified in the participant's community support plan.

~~[DELETE]To be eligible for day training and habilitation, participants must be receiving residential habilitation services covered by the waiver. When a primary caregiver is providing residential habilitation as described under Residential Habilitation and the participant is receiving respite or homemaking, the participant is also eligible for day training and habilitation. [END DELETE]~~

## 42. Customized Living and 24-hour Customized Living

- [ADD] (2/8/16) Clarifies that people are not required to enter an institution in order to qualify for the exception[END ADD]

### BI and CADI Waivers

#### Appendix C-1/C-3: Participant Services – Service Specification

#### Provider Category:

Individual

#### Provider Type

Home care providers

#### Provider Qualifications

##### **Other Standard** (*specify*):

The total number of individuals living in the setting shall not exceed four except when authorized by the commissioner. The commissioner may authorize services provided when:

- A person is being discharged from ~~[ADD]or otherwise would be placed in[END ADD]~~ a nursing facility, intermediate care facility, or hospital and the customized living service is the only available option in the person's home community. The people in the setting who receive services under the BI, CAC, CADI and DD waivers can occupy up to 25% of the units in a multifamily building of more than four units, unless required by the Housing Opportunities for Person with AIDS Program; or
- They are provided in settings serving up to five individuals, living in the setting who are unrelated to the principal care provider, in emergency situations when the setting is needed to avert an individual's placement in a regional treatment center or nursing facility and the following criteria are met. This exception for services delivered in a site with more than four individuals shall not exceed two years. For purposes of this provision, emergency situations are defined as:
  - An unexpected loss of an essential caregiver
  - A sudden loss of housing due to closure
  - Loss of services or housing due to a natural disaster
  - Necessary to place siblings together



### 43. Supported Living Services (SLS)

- [\[ADD\] \(2/8/16\) Adds remote support service to SLS for adults in their own home\[END ADD\]](#)

#### DD Waiver

#### Appendix C-1/C-3: Participant Services – Service Specification

##### **Service Definition** (*Scope*):

Residential habilitation services are provided to participants who live in their own homes or a supported living environment. Three types of residential habilitation are covered (1) in-home family support services, (2) supported living services for children, and (3) supportive living services for adults.

Residential habilitation services consist of assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the participant to reside in a non-institutional setting. Payments for residential habilitation do not include room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility that are required to assure the health and safety of participants, or to meet the requirements of the applicable life safety code.

Residential habilitation may be provided outside of the participant's home in community settings when the service is related to the habilitation needs of the participant and provided in settings that are used by the general public.

Caregiver living expenses are available to providers of residential habilitation (in-home family support, and supported living services for adults and children) services as specified in this Appendix.

##### 1. In-Home Family Support Services.

These are habilitation services provided to participants and their families, including extended family members, to enable the participant to remain in or return to the home. In-home family support services include training of the participant, and training of the family to increase their capabilities to care for and maintain the participant in his/her home.

##### 2. Supported Living Services for Children.

These are habilitation services provided to children and adolescents who require daily staff intervention due to severe behavior problems, medical conditions, physical deficits, and/or lack of adequate survival skills that result in a family's inability to maintain the child or adolescent in the family home. Services will be provided outside of the biological or adoptive homes in family-style settings in the community and that serve four or fewer people.

##### 3. Supported Living Services for Adults.

These are services provided to adults who require daily staff intervention due to behavior problems, medical conditions, physical deficits, and/or lack of adequate survival skills.

##### [ADD]4. Supported Living Services for Adults, Remote Support, in own home.

Remote support is real-time, two-way communication between the provider and the participant. Face to face in person service delivery will be scheduled a minimum of weekly. It meets intermittent or unscheduled needs for support for when a participant needs it to live and work in the most integrated setting, supplementing direct face to face service delivery of supported living services for adults who live

in their own home. Remote support is limited to assistance with coordination of community living activities, check-ins (e.g. reminders, verbal cues, prompts) and consultations (e.g. counseling, problem solving) within the scope of Supported Living Services for Adults in their own home. Remote support may be utilized when it is chosen by the participant as a method of service delivery, to achieve an identified goal(s) and meet assessed need(s). To meet the real-time, two-way exchange definition, remote support includes the following methods: telephone, secure video conferencing, and written electronic messaging excluding e-mail and facsimile. All transmitted electronic written messages must be retrievable for review. Providers must document the staff who delivered services, the date of service, the start and end time of service delivery, length of time of service delivery, method of contact, and place of service (i.e. office or community) when remote support contact is made. Supported Living Services for Adults, Remote Support in own home service delivery can be authorized as a 15-minute unit at a 1:1 staff-to-participant ratio. [END ADD]

The definition of daily staff intervention for supportive living services for children and adults means direct care or professional staff providing on-site supervision, training or assistance to a participant in the following areas: self-care, sensory/motor development, interpersonal skills, communication, reduction/elimination of maladaptive behavior, community living and mobility, health care, leisure and recreation, money management and household chores or a community living setting.

Residential habilitation services will be provided in the participant's home or adult foster homes for up to four people. Under certain conditions as specified by Minnesota Statute 252.28, subd. 3, item d and Rule 9525.1860 subpart 6, item D, services may be provided for up to six adults in homes licensed to provide foster care. The commissioner may also authorize services provided in settings that have received authority under Minnesota Statutes, section 245A.11, subd. 2a, paragraph (e) for a fifth bed. In accordance with Minnesota Statutes, 256B.092, subd. 4d, certain individuals related to the participant may be certified by the lead agency to provide supported living services for adults in lieu of the provider being licensed to provide foster care. In these situations, the provider must: 1) reside with the participant; 2) be the primary caregiver; and, 3) meet the provider qualifications, including those in Minnesota Statutes, 256B.092, subd. 4d. The provider shall not be the legal guardian or conservator of the participant nor be responsible to otherwise provide the care or services.

For purposes of residential habilitation, the participant's home means a living setting that is not owned or leased by the provider of services and is under the control of the participant. Individuals related to the participant has the meaning defined in Minnesota Statutes 245A.02, subd. 13.

Habilitation services does not include special education and related services as defined in the Individuals with Disabilities Education Act (20 U.S.C. 1401) that otherwise are available through a local educational agency or vocational service funded under Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730) as amended. A finding that such services are not otherwise available through a program funded under Section 110 of the Rehabilitation Act of 1973 must be based on written documentation that the individual; (1) is not considered an appropriate referral to the Vocational Rehabilitation Services unit because the individual satisfies one or more of the Screen-Out Criteria, or presents an unfavorable Applicant Profile as described in Section 26520.025 of the Social Security Administration Program Operations Manual System; or (2) has been referred to the Vocational Rehabilitation Services unit, but was found to be ineligible for vocational services under Section 110 of rehabilitation Act; or (3) has been a recipient of section 110 services provided by the Vocational Rehabilitation Services unit, but is no longer eligible for such services; or (4) is a current client of the Vocational Rehabilitation Services unit, but the activities that are provided under the definition of supported employment services are not typically available as Section 110.

Participants must need and receive a residential habilitation service to be eligible for the waiver. This includes supportive living services for adults or children, in-home family support, or habilitation services may be provided by an unpaid primary caregiver. For participants who reside in their own home or the home of a primary caregiver, a primary caregiver may provide residential habilitation services. In these situations: the Participant's community support plan must clearly document the habilitation services being provided; the participant's assessment must support the need for respite or homemaker services to free the primary caregiver to provide residential habilitation and one of these services must be included in the community support plan; and the primary caregiver cannot be paid to provide the habilitation services.

In order to be considered a primary caregiver, the person must be principally responsible for the care and supervision of the participant, must maintain his/her primary residence at the same address as the participant, and must be named as an owner or lessee of the primary residence.

Habilitation services are directed toward increasing and maintaining physical, intellectual, emotional, and social functioning and assist participants in acquiring, retaining and improve the skills necessary to reside successfully in the community.

**Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

Limits applicable to all residential habilitation services:

- Payment for residential habilitation does not include payments made, directly or indirectly, for services provided to a minor child by the child's parent (or step parent) or guardian, or to a participant by the participant's spouse.
- Payments will not be made for the routine care and supervision that would be expected to be provided by a family member, spouse, or foster care provider, or for activities or supervision for which a payment is made by a source other than Medicaid.
- Modifications or adaptations to the setting in which the participant resides are not covered as residential habilitation. They may be covered under environmental accessibility adaptations.
- Waiver funds shall not cover activities or supervision for which payment is available by sources other than Medicaid.
- The waiver shall not cover room and board expenses.
- Services provided in a living setting on the same property as an institution are not covered under this waiver unless the waiver service in the setting was established before July 1, 2002. Established means that the residential habilitation service was continuously provided in the setting to at least one waiver participant. Provided means that the service was an approved waiver service for a waiver participant residing in the setting. This exception only applies to buildings existing before July 1, 2002 and is nontransferable. Institution means a nursing facility, hospital, intermediate care facility for persons with developmental disabilities, or institution for mental disease.

In addition, when single family homes or multi-plex homes on adjoining properties are owned or leased by a single license holder, services provided are only covered for one of the homes through HCBS waivers. A multiplex setting is considered a home for the purposes of this language. Residential habilitation may be covered in up to 60% of the units owned or leased by a single license holder in multiplex settings that are established after January 1, 2008.

Limits applicable to in-home family support services:

- In-home family support services are not covered for families, including extended family members, that are licensed to provide foster care.

[ADD]Limitations applicable to Supported Living Services for Adults, Remote Support, in own home services:

- Remote support is limited to the average of two (2) hours per day. The participant's case manager may submit an exception request to exceed this limitation to the Department. Exception requests will be reviewed by the Department, or a Department designee(s), and approved or denied based upon the participant's assessed needs.
- Remote support does not include technology used to gather data using sensing or biometric devices transmitted via telephone or internet.
- Providers may not:
  - Bill direct support delivered remotely when the exchange between the service participant and the provider is social in nature
  - Bill direct support delivered remotely when real-time, two-way communication does not occur (e.g. leaving a voicemail; unanswered written electronic messaging)
  - Use Global Positioning System (GPS), Personal Emergency Response System (PERS) and video surveillance to provide remote check-in, consultative supports, or coordination of community living activities. [END ADD]